### - FINAL

#### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For State and Local Candidates
For Single-Candidate Committees

4 0.00000000000000000000000000000000000			<del></del>	· · · · · · · · · · · · · · · · · · ·					
1. DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE  CARLE LEVE									
	CARL E	LEVI	Talai aaa aa aa						
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE							
			may 4	2010					
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone					
3628 GLENDON Dr.	CHATTANOULA	TN	37403 (423	198-3997					
4.b. CANDIDATE'S HOME ADDRESS (if differen	t than 4.a.)								
Street or Rural Route	City	State	Zip Code	Phone					
OFFICE SOUGHT (include district number, if	f applicable) 6. NAI	ME OF BOUTION	TREASURER (may be	and data					
			INCASURER (May be	•					
7. CATEGORY OR REPORT (Check one)	ISTEE JOS	epn C Liv	1063100,2	r ch					
FIRST SECOND THIRD	FOURTH PRE-	PRE-	MID-YEAR	YEAR-END					
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD		<u>GENERAL</u> DING DATE OF REPO	SUPPLEMENTAL ORTING PERIOD	SUPPLEMENTAL					
AREL 25, 2010		_	که ا D						
9. (Check one)			<del></del>						
a. This campaign is exempt from details	ad dicelerure been se estatu	tions (instruction to 4	inak an ini salah salah salah	000 I AND					
This campaign is exempt from details tures total \$1,000 or less for this report	orting period. (Complete items	tions (including in-k 12d., 12e. and 12f	ind) received total \$1.6. )	UUU or less AND expendi-					
b. This campaign is required to file a de	tailed financial disclosure beca	ruse contributions (	including in-kind) recei	ved total more than \$1,000					
and/or expenditures total more than	\$1,000 for this reporting period	,	,						
signature of candidate	ons and expenditures required swear or affirm that no campa	to be reported by tign contributions had the federal internal	he candidate committe ave been expended for	e by the Campaign					
11. WITNESS SIGNATURE		1	0						
KithiK	. A	/ <del>/</del>	Kingan	4					
signature of witness	7date	sign	ature of witness	date					
12. SUMMARY		<del></del>	- 0	<u> </u>					
a. BALANCE ON HAND LAST REPORT		•••••••••••	s 15,3939 s 1,200 %	<del></del>					
b. TOTAL RECEIPTS THIS PERIOD	.,,,	·····	\$ /,200 %						
c. TOTAL DISBURSEMENTS THIS PERIOD	)	••••	s - 14,593 TI						
d. BALANCE ON HAND (12.a. plus 12.b.	minus 12.c.)			s					
e. TOTAL LOANS OUTSTANDING	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	. <b>7</b>		so-					
			<del></del>						
f. TOTAL OBLIGATIONS OUTSTANDING	KORSONKO	***************************************		s					

### SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVE	RING THE BERIOD
CANL E LEVI	FROM: 4- 25-10	TO: 6-30-10
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		
a. Uniternized Contributions (\$100 or less from each source this period)		
b. Itemized Contributions (over \$100 from each source this period)		, _
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ /200	
16. LOANS RECEIVED THIS REPORTING PERIOD		.\$
17. INTEREST RECEIVED THIS REPORTING PERIOD		.s
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$ 1200
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	g., printing, postage, o	asoline)
Office Supplies s 198		,,
\$		:
- <u> </u>		
<u> </u>	_	
<u> </u>		
<u> </u>		
<u> </u>	<u> </u>	
Total of Expenditures (\$100 or less each payee)	198 15	
b. Itemized Expenditures (Over \$100 each payee this period)		<b>:-</b>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		s 4290 5
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\$ 12303 45
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	s 16593 95	
22.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$	
b. Itemized in-kind contributions (over \$100 from each source this period)		
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b		
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	
b. Itemized Obligations Outstanding (Over \$100 each)	\$	·
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item		

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

<ol> <li>NAME OF CANDIDATE OR COMMITTE</li> </ol>	E	12 DE002 00 1			
CARL E LEVI		2. REPORT COVE	RING THE PERIOD		
3 TOTAL ITEMIZED CAMPAIGN CONTE		4-25-13	TO: 6-30~ 10		
TOTAL ITEMIZED CAMPAIGN CONTRI     COMPLETE THE APPROPRIES.	BUTIONS FROM PRECE <b>DING PA</b>	AGE (enter \$0 if first itemized page)			
4. COMPLETE THE APPROPRIATE ITEMS FO	OR EACH ITEMIZED CONTRIBUTION	(contributions totaling more than \$100 from any contributor			
	t widdle name	Contribution Received For			
ast Name/Organization Name	<u> </u> F		Amount of Contribution		
		Primary Election    General Election			
DECOST MO Address					
822 JAMES BL	<u>-</u>	Runoff (Local Elections Only)	100-		
City	Sim J. O.				
SIGNAL MOUNTAIN	State Zip Code Tw 37377	Date of Contribution	Aggregate This Election		
Occupation		┥			
ACCOUNTANT		4-25- 2010	4		
Employer		-	100-		
·			1		
First Name	Middle No. 11				
Last Name/Organization Name	Middle Name	Contribution Received For:	Amount of Contribution		
Last Name/Organization Name	<del></del>	Primary Election General Election			
KHTAZAN		Primary Election General Election	:		
Adaress		Runoff (Local Elections Only)			
4930 HEATHER Dr		La Renoti (Loca: Elections Only)	100-		
ANACUNTES	State Zip Code	Date of Controution	Aggregate This Elector		
Occupation .	WA 98221		Aggregate This Election		
Scapellon			_		
Employer		4-25-2010	100		
, .		7			
First Name	Middle Name	Contribution Received For:	Amount of Contribution		
Howells Last Name/Organization Name			Autobility of Committees		
		Primary Election General Election			
MILLEN Address			250-		
1502 DALEWOOD	Dr	Runoff (Local Elections Only)	W.3 -		
City	State Zip Code	D-t			
CHATTANOPER	TN 32411	Date of Contribution	Aggregate This Election		
Occupation		┪			
RETIMED		4-25-2010	500-		
Employer	**	<b>-</b>			
		•			
First Name	Middle Name	Contribution Received For:	1		
CANLOS			Amount of Controution		
Last Name/Organization Name		Primary Election General Election			
SMETH					
Address 1117 Apolehoud		Runoff (Local Elections Only)	100-		
City	State Zip Code	104	<del> </del>		
STENSE MOUNTAGE	State Zip Code 37377	Date of Contribution	Aggregate This Election		
Occupation		┥			
		4-29-2010	1.00		
Emovoyer		¬ ·	100		
5. TOTAL ITEMIZED CONTRIBUTIONS	· · · · · · · · · · · · · · · · · · ·				
	none of the decision				
Continued to desir 2. Ot right bade it additional	Dades of this form are used t				
(Carry forward to item 3, of next page if additional (If this is the last page of contributions, this amount	pages of this form are used.) If must be shown in dem 15h, of summary to		550		

### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			<u></u> .	2. REPORT COVER	RING THE PERIOD			
CARL E LEVI	FROM: 4-15-10	TO: 6-30-10						
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	IRES FRO	M PRECEDING PAG	F (enter \$0 if first itemized n	300)	Amount			
4. COMPLETE THE APPROPRIATE ITEMS FOR E					,			
First Namo	Middle Nan		Purpose of Expenditure	o to any poyoe during the per				
T .a			Turpose of Expenditure		Amount of Expenditure			
Last Name/Business Name / Jorna Jorna			<u></u>	ا عوال				
Artdenes		TELEPHONE CAMPAS	\$2092					
5159 BRATISHE RE	<u>ed</u>		CAMPAS	CNING				
S159 BRADIENS RL	State	Zip Code 37421						
First Name	Middle Nan		Purpose of Expenditure		A			
	I FILOORE (Val)	ic .	Porpose of Expenditure		Amount of Expenditure			
Last Name/Business Name			Destal		]			
ASRD ADVINTESTIC			12.1		ري. الإ			
7761 NORWSCH RZ	<u> </u>		ANTAL ADVENTE	sing	# 2000-			
City 👩	State	Zip Code		~				
POWELL	TN	37849						
First Name	Middle Nar	ne 🦢	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name	1	E	1000	Manage To				
Fire			PARTIAL E	THOMPHANE	SEE LEW & 12 SUMMARY PAGE			
Address 24.37		<u></u>	PANTSAL RE	som	Summary PAGE			
Address 3628 GHUDON Dr.  City State Zip Code TN 37403			CANDIDOT					
CHATANOUL-A	TN	37403	CARCELLON					
First Name	Middle Name		Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name		-{						
			1					
Address								
City	State	Zip Code	7					
First Name	Middle Nar	ne	Purpose of Expenditure	Amount of Expenditure				
Last Name/Business Name	Name/Rusiness Name							
Address		<u>-</u>						
City	State	Zip Code	-					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name		-						
					ł.			
Address			7		1			
City	State	Zip Code	-					
	- 15.15				L 5			
5. TOTAL ITEMIZED EXPENDITURES				·	4			
(Carry forward to item 3, of next page if additional page		•			# 409235			
(if this is the last page of expenditures, this amount m	ust be shown	n item: 19b. of summary.)			1			

## **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDATE OR CO	MMITTEE	<u></u>			<u>-</u>		·	2 5	EDODT	OVE	ING TU		_
CARL & 15					2. REPORT COVERING THE PERIOR FROM: TO:					E PERIOD	_		
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN										Ø		0-10	
5. COMPLETE THE APPROPRIA	TETTEMSF	OR EACH I	TEMIZ	ED LOAN	(loans totaling r	nore than \$10	30 from any s	source o	furing the per	iod)			_
Complete the Following for the Source											· · · · ·		
First Name	Middle Nam			Outstanding	Loan Balance	Loan:	s T	Lo	an -	Outs	Slanding La	pan Balance	_
Last Name/Organization Name	<u>                                     </u>			(Beginning	٠.	Recen				Odi	(End of P		
LEVI				21.6	Forgeren → 12			Payments (End of P					
Address		<del></del>										,	
3424 (-144)			Loan Receiv	Date of Loan								_	
City	State	Zip Code Primary			ry Election								
		37403			noff (Local Elections Only)								
	ist All Endon	sers or Guara	entors fo	or Above Loa	n (If more spa	ice is needd	od please a	ttach a	page)			<del></del>	-
First Name		Middle Name	:		First Name					Michie	Name		-
Last Name/Organization Name	<del></del>	L				·				I TILLURE	- I VON / IIC		
					Last Name/On	ganization Na	ime				-		
Address		<del></del>			Address				<u> </u>			<del></del>	
City		State	Zıp Co	xde	City				-	State	Z	io Code	_
Amount Guaranteed Outstanding	<del></del>	<u> </u>	<u></u>		<del> </del>	<u> </u>					] `		
					Amount Guara	nteed Outstai	nding					<u> </u>	
First Name		Middle Name			First Name								
					First Name Middle Name								
Last Name/Organization Name			Last Name/Organization Name										
Address	Address				Address								
City	<del></del>	State	Zin Co										
		State	Žip Co	ue	City					State	Zu	p Code	
Amount Guaranteed Outstanding		· <del>-</del>			Amount Guaranteed Outstanding								
E:(N													
First Name		Middle Name	•	·	First Name Middle Name							-	
Last Name/Organization Name					Last Name/Organization Name								
					- Annual California Malisia								
Address				· · · · · · · · · · · · · · · · · · ·	Address								_
City State 77.634													
. Sity		State	Zip Co	de	e City			State			Z	ip Code	
Amount Guaranteed Outstanding		<u>.                                    </u>			Amount Guaranteed Outstanding								
						Mees Quistal	юнау						
First Name		Middle Name			First Name								
				Middle Name									
Last Neme/Organization Name				Last Name/Organization Name							-		
Adoress			Address										
<u> </u>													
City State Zip Code			de	City State Z					p Code	-			
Amount Guaranteed Outstanding				Amount Guaranteed Outstanding									
-						need Outstan	way					<del></del>	
4. Totals for all Loans (complete on last page of itemized loans)					Outstanding Lo	van Balance	Loans	s.	Loan	-	Dutatas	ding Loan Balanc	_
(Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.)					(Beginning o	of Period)	Receiv		Payme			oing Loan Baland id of Period)	9;
(lotal outstanding loan balance should also be shown in item 12.e. on front page.)					i								
ATA							L		Į.		I		- 1